



**The Rural Hospital Performance Improvement Project in the
Delta Region:
Assessment of Short-Term Impact for Hospitals that Received Performance
Improvement Assessments
Years 2002-2004**

Ira Moscovice, Ph.D.
Walter Elias, Ph.D.

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The Delta Rural Hospital Performance Improvement (RHPI) Project began in September 2001 with the purpose of supporting performance improvement in finance, clinical QI, workforce effectiveness and technologic capability in the more than 120 eligible, small rural hospitals in the eight-state Delta region (i.e. Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri and Tennessee). This project is funded by the federal Office of Rural Health Policy, Health Resources and Services Administration, DHHS through a contract to the Mountain States Group in partnership with the Rural Health Resource Center. More information on the project is available at the website, <http://deltarhpi.ruralhealth.hrsa.gov/>.

Specific goals of the RHPI Project include:

- Provide on-site technical assistance to eligible hospitals in the Delta region to help them improve their financial, quality and operational performance,
- Collect and disseminate business tools, information and databases that all rural hospitals can use to help themselves, and
- Help build state and regional capacity to provide ongoing assistance to eligible rural hospitals in the Delta.

The selection of rural hospitals to participate in RHPI consultations was based on criteria that included a completed application, board support, demonstrated need for technical assistance, willingness to participate in the performance improvement (PI) process including sharing data and information with consultants, recommendation from the state hospital association and/or state office of rural health (organizations that were considered to be the project's partners), no major barriers to the consultation process, a good fit between hospital needs and available consulting services, and geographic distribution across the eight states.

The project offers targeted consultations focused on one specific need or issue of a rural hospital and performance improvement assessments which addressed a broader set of financial, quality and sustainability issues for a rural hospital. Stroudwater Associates, a consulting firm in Portland, Maine, completed the PI assessments. These consultations generally included:

- an intensive 2-day site visit with a team of consultants
- interviews with key administrative and clinical staff, board members and staff and community physicians
- collection and analysis of relevant market, clinical service line, operational and financial performance data
- preparation of a preliminary report discussed with the Administrator
- preparation of a final report, and
- an implementation plan which generally involved an action plan workshop on-site with key management team members and follow-up phone calls and e-mail messaging up to 180 days after the report was completed.

STUDY PURPOSE AND METHODS

The purpose of this report is to continue the assessment of the impact of the PI consultations and to provide a summary of the impact of the consultations completed during the first years of the RHPI project. The 29 rural hospitals that received PI consultations during the first years of the project included:

2002	2002-03	2003-04
Ashley County Medical Center Crossett, AR Hamilton Memorial Hospital District McLeansboro, IL Humphreys County Memorial Hospital Belzoni, MS Jackson Parish Hospital Jonesboro, LA Livingstone Hospital and Healthcare Services, Inc. Salem, KY Methodist Fayette Hospital Somerville, TN North Sunflower County Hospital Ruleville, MS Riverland Medical Center Ferriday, LA	Allen Parish Hospital Kinder, LA Field Memorial Community Hospital Centerville, MS Franklin County Memorial Hospital Meadville, MS Hardin County General Hospital Savannah, TN Jackson Medical Center Jackson, AL Lawrence Health Services Walnut Ridge, AR Ste. Genevieve Co Memorial Hosp Ste. Genevieve, MO Sparta Community Hospital Sparta, IL Trigg County Hospital Cadiz, KY West Feliciana Parish Hospital St. Francisville, LA	DeWitt Hospital and Nursing Home DeWitt, AR Gibson General Hospital Trenton, TN Haywood Park Community Hospital Brownsville, TN Massac Memorial Hospital Metropolis, IL Montfort Jones Memorial Hospital Kosciusko, MS Perry County Memorial Hospital Perryville, MO Piggott Community Hospital Piggott, AR Union General Hospital Farmerville, LA University Hospital & Clinics – Holmes County Lexington, Mississippi Walthall County General Hospital Tylertown, MS Washington County Infirmary Chatom, AL

Data sources for the evaluation included:

- the detailed PI Assessment reports completed by Stroudwater Associates for each hospital,
- hospital profile data compiled by Stroudwater Associates that include Medicare cost report data, American Hospital Association data and Area Resource File data,
- hospital and state partner satisfaction data collected by Mountain States Group, and
- extensive phone interviews completed with the CEO, state partners and consultants for each hospital.

For each site, the phone interviews collected information on hospital characteristics, major PI issues facing the hospital, the state environment for rural hospital PI, state partner involvement in the RHPI process, the PI consultation process, issues identified by the consultation, consultant recommendations, and the status of hospital implementation of the consultant recommendations.

PROGRESS MADE IN ADDRESSING RECOMMENDATIONS FROM PI CONSULTATIONS

We examined the specific issues identified and recommendations made by the consultants and the status of the hospital's response to the recommendations. For each recommendation, we rated the progress made by the hospital in addressing the recommendation. The rating scale included three categories:

- Substantial progress – the consultants' recommendation to the hospital has been completely addressed or sufficient actions have taken place that suggests a high likelihood that the recommendation will be completely addressed in the near future.
- Some progress – at least one action step has been taken by the hospital to address the consultants' recommendation but it is not clear if the recommendation will be completely addressed in the near future.
- No progress – no action steps have been taken by the hospital to address the consultants' recommendation.

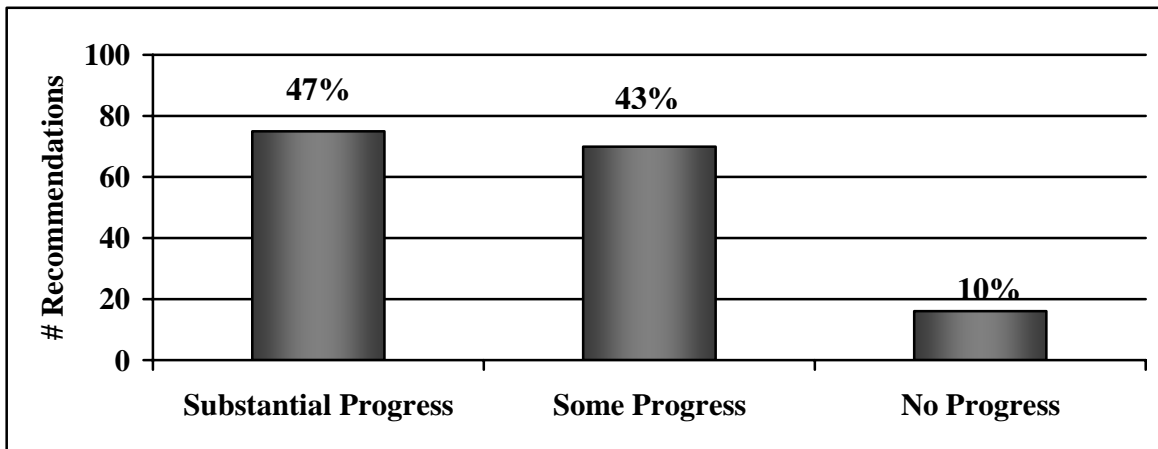
The phone interviews with the hospital CEOs, state partners and consultants took place during a period that was generally nine months to one year after the consultants completed their intensive site visits.* It is important to recognize that our assessment is rating the short-term progress accomplished at each site.

CONCLUSION

Our analysis suggests that the RHPI Project has been very successful in helping small rural hospitals in the Delta to implement activities that support performance improvement in their facilities. Across the 29 hospitals that received PI assessments during the first years of the RHPI Project and the 161 issues studied, there was substantial progress (47%) or some progress (46%) achieved in implementing the specific recommendations from the PI consultations (Figure 1). There were no action steps taken for only ten percent of the recommendations (17% in 2002, 9% in 2002-03, 6% in 2003-04). These results document the ability of the RHPI project to have a positive short-term impact on participating rural hospitals in the Delta.

* The only exceptions to this timeframe were interviews with three Year 1 sites that were completed approximately 2½ to 3 years after the initial PI consultation. One of these sites was not able to recall timeframes associated with the hospital's response to the recommendations made by the consultants.

Figure 1
Progress Achieved in Addressing Recommendations from PI Consultations



Based on the above results as well as our previous work that found that the rural hospitals in the Delta that received PIAs showed improvement over time across several key dimensions of financial performance, we recommend the replication and ongoing improvement of the RHPI model throughout the country. Further, we believe the RHPI model can be used as a framework to help implement the recommendations of the recent IOM report, *Quality Through Collaboration: The Future of Rural Health*.

The IOM report advocates the development of rural systems of care designed for high quality and to meet local needs. The report embraces a strategy that 1) addresses personal and population health needs, 2) improves the quality improvement support structure, 3) enhances human resource capacity, 4) monitors and assures financial stability, and 5) builds an information and communications technology infrastructure. A key question is:

What can rural hospitals do now in response to the IOM report?

Rather than being overwhelmed by the broad set of recommendations of the IOM Report, it is important for rural hospitals to recognize that they can take specific action steps in response to the Report including:

- Linking QI to your mission and strategic plan.
- Establishing an organizational culture that actively supports QI in a non-punitive environment.
- Reorienting QI strategies from a patient or provider-centered approach to one that also embraces a community/population approach.
- Assessing community health status and community health priorities.
- Defining a relevant quality measure set for your hospital.
- Collecting data on patient care processes and outcomes on a regular basis.
- Reporting results on a regular basis using an easy-to-read format.

- Participating in public reporting initiatives.
- Investing in MIS that supports QI.
- Developing small QI teams in your hospital that address quality and patient safety issues (e.g. a proactive medication management team)
- Working with a support hospital on QI activities.
- Joining/developing a network that facilitates QI activities for rural hospitals.
- Working with your QIO, state hospital association, SORH, and universities on QI activities.

The RHPI model challenges rural hospitals to identify and address specific areas in need of fiscal, clinical, and operational performance improvement. Each of the action steps described above have been addressed at subsets of the rural hospitals participating in the RHPI depending on the specific needs of institutions. A next step is to develop a strategy that incorporates the use of the RHPI model to facilitate the implementation of the recommendations of the IOM Report in rural hospitals and rural communities across the U.S.